Prepared by:

Travis Case 4801 Frederica Street Owensboro, KY 42301

Return to:

3/2/Ox COOK LSI 700 Cherrington Pkwy. Coraopolis, PA 15108 412-299-4000 ELS #9028144

POWER OF ATTORNEY
``llak

Grantor/Mortgagor: Andrew Z Pollak

Grantee/Mortgagee: U.S. Bank, N.A.

Property Address: 12975 Parker Rd

Lemont, IL 60439

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RECORDING REQUESTED BY:

LSI

700 Cherrington Parkway Coraopolis, PA 15108

WHEN RECORDED MAIL TO:

LSI

700 Cherrington Parkway Coraopolis, PA 15108 eLS Order # 9028144

NON DURABLE POWER OF ATTORNEY

CAUTION: THIS IS AN IMPORTANT DOCUMENT. IT GIVES THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT" OR "ATTORNEY IN FACT" HEREINAFTER CALLED "AGENT/AIF") BROAD POWERS TO ACT ON YOUR BEHALF FOR A SPECIFIC TRANSACTION DURING A CERTAIN PERIOD OF TIME. WHICH INCLUDE POWERS TO PROMISE TO REPAY A DEBT WITH INTEREST AND MORTGAGE YOUR REAL PROPERTY FOLLOWING YOUR REVIEW OF YOUR LOAN DOCUMENTATION DUPING A LOAN CLOSING TO BE CONDUCTED ON THE INTERNET. WITH RESPECT TO ANY LOSS OF, MISPLACEMENT OF, INACCURACY IN, OR FAILURE TO SIGN ANY LOAN DOCUMENTATION. YOUR AGENT/AIF WILL CONTINUE TO HAVE THESE POWERS AFTER THE LOAN CLOSING, FOR THE LIMITED PURPOSE TO REPLACE OR CORRECT SUCH LOAN DOCUMENTATION. IF THE ATTORNEY IN FACT HAS ACTUAL KNOWLEDGE OF ANY INCOMPETENCE BEFORE, DURING OR AFTER CLOSING, THE POWERS CONTAINED HEREIN WILL CEASE TO EXIST. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. SIGNING THIS LIMITED POWER OF ATTORNEY IS OPTIONAL, ALTHOUGH USING A LIMITED POWER OF ATTORNEY DESIGNATING YOUR AGENT/AIF SHOULD MAKE YOUR LOAN CLOSING MORE CONVENIENT, YOU ARE NOT REQUIRED TO SIGN THIS DOCUMENT IN ORDER TO OBTAIN YOUR LOAN, BEFORE YOU DECIDE WHETHER TO SIGN, OR IF YOU DO NOT UNDERSTAND THE PURPOSE OR EFFECT OF THIS FORM, YOU SHOULD CONSULT AN ATTORNEY.

BE IT KNOWN, that I, Andrew Z Pollak, Barbara G Pollak

Whose residence address is: 12975 PARKER RD

LEMONT, IL 60439

Make and appoint the following persons who are employees of LSI, namely: Casey Dill, Greg Perdziola, James Greene, Kristin Beattie, Rolanda Lee, Ryan Flaherty, Shannon Obringer Stacey Franciscus, William Leonard, whose addresses are C/O LSI, at 700 Cherrington Parkway, Coraopolis, PA 15108. Each of my agents may exercise the powers conferred in this power of attorney cenarately, without the consent of the other agent. My agents may delegate the powers, tasks and duties (o one of the other agents but to no other person. My Agents/AIFs may exercise the powers to accomplish the following specific and limited purposes:

- (A) Refinancing and/or home equity financing of the Real Estate located at 12975 PARKER RD, LEMONT, IL 60439 and legally described as (the "Property"):
- (B) To mortgage, finance, refinance, assign, transfer and in any manner deal with Property located at: 12975 PARKER RD, LEMONT, IL 60439 to effectuate the above referenced refinancing and banking transactions with U.S. Bank National Association (hereinafter called "Lender"). See attached Exhibit A for full legal description.
- (C) To execute, acknowledge receipt of, approve, and deliver all documents including but not limited to:

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- a. Notes, Deeds, Mortgages/Deeds of Trust, Subordinations, security instruments, riders, attachments and addenda, including any documents necessary or requested as part of this transaction by the title insurer, lender or other parties to the transaction;
- b. those documents needed by governmental and taxing authorities;
- c. lien waivers, subordination/waiver of homestead and any marital rights necessary to obtain the financing; and
- d. escrow instructions, closing or settlement statements, truth in lending disclosures (including notice of my right to rescind the credit extension, if applicable), loan applications, HUD-1 and other written instruments relating to the transaction.
- (D) All other powers which I myself may have concerning the real estate transaction and refinancing of the same located at 12975 PARKER RD, LEMONT, IL 60439. ELS Orde: # 9028144.

Further giving and granting said Agent/AIF, full power and authority to do and perform all and every act and thing whatsoever necessary to be done in and about the specific and limited premises (setout herein) as fully, to all intents and purposes, as might or could be done if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that said attorney in fact (also called agent) should lawfully do o cause to be done by virtue hereof.

This Power of Attorney is effective in mediately and is limited to the specific transaction described above. This Power of Attorney shall not be affective in the event of my disability or incapacity. I may revoke this Power of Attorney at any time of providing written notice to my Agent/AlF at Closing Stream Department C/O LSI, 700 Cherrington CarkwayCoraopolis, PA 15108. When the Power of Attorney is recorded, any revocation will not be effective as to third parties until the revocation is recorded in the same county or other established covernmental authority for the recording of Powers of Attorney. This Power of Attorney will terminate upon the proper recording of all documents necessary or requested as part of this transaction by the late insurer, lender or other parties to the transaction, except with respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation. With respect to any loss of, misplacement of, inaccuracy in, or failure to sign any closing or loan documentation, these powers will continue to exist for the limited purpose to replace or correct such documentation.

Conflict of Interest Disclosure. My Agent/AIF can enter into transactions where or on my behalf in which my Agent/AIF is personally interested as long as the terms of the transaction are fair to me and I have agreed to such an action. I also understand that LSI receives fees for escribed title services from the closing. I further understand that these fees will be detailed on my Settlement Statement that accompanies my loan documents.

I understand that this Power of Attorney is not an approval of my loan application reques () a commitment by Lender to make a mortgage loan. Should my loan application request not be approved by Lender, this Power of Attorney will be null and void.

TO INDUCE ANY THIRD PARTY TO ACT, I AGREE THAT ANY THIRD PARTY RECEIVING AN EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT ON THIS INSTRUMENT. ANY REVOCATION OR TERMINATION OF THIS INSTRUMENT WILL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNTIL SUCH THIRD PARTY HAS ACTUAL OR CONSTRUCTIVE NOTICE OF SUCH REVOCATION OR TERMINATION. I, FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING REASONABLY RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

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I, Andrew Z Pollak, Barbara G Pollak, the principal, sign my name to this power of attorney this
Dated: June 21, 2010 Andrew 3. Jelle
Andrew Z Pollak Dated:, 20
Dated:, 20
Dated:, 20
State of PQ 50
Subscribed, sworn to and/or acknowledged before me that icid Mutill by Andrew Z Pollak, Barbara O Pollak, the principal(s), this and day of JUNC, 2010 and proved to
me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/shothey executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature of on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
75
PATRICIA MURILLO My Commission Expires May 11, 2013 WITNESS my hand and official seal.
SIGNATURE OF NOTARY COMMISSION EXPIRES 5-11-13

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Any Clerks Office

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ACKNOWLEDGMENT OF ATTORNEY-IN-FACT

I, AGENT, have read the attached power of attorney and am the person identified as the attorney-in-fact (the "agent") for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the power of attorney or in state law., when I act as agent:

I shall prercise the powers for the benefit of the principal.

I shall keep the assets of the principal separate from my assets.

I shall exercise reasonable caution and prudence.

I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

AGENT

Signature of Attorney-in-Fact

Date

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OFFICIAL CO State of 1/A County of . STACEY FRANCISCULT, the On this, the 3020 10 before me undersigned, personally appeared <u>CASEY</u> Agent/Attorney in Fact who Subscribed, swom to and/or acknowledged before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal **Notary Public** My Commission Expires: NOTARIAL SEA. STACEY FRANCISCUS **Notary Public** MOON TWP, ALLEGHENY COUNTY Sounty Clark's Office My Commission Expires Apr 12, 2011

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Order No.:

9028144

Loan No.:

2300018260

Exhibit A

The following described property:

Lot 84 in Fcx Fills Unit One-A, being a Subdivision of part of the South 1/2 of the Northeast 1/4 of Section 34, and the Southwest 1/4 of the Northwest 1/4 of Section 35, both in Township 2° North, Range 11, East of the Third Principal Meridian, according to the Plat thereof recorded June 4, 1987, as per Document Number 87-302732 in Cook County, Illinois.

Assessor's Parcel No:

22-34-209-004-0000